



2257 E. Cedar Ave. • Flagstaff, AZ 86004 • 928.779.9880



Pine Forest School provides an education of the whole child and is dedicated to helping individuals achieve their intellectual, emotional, and physical potential in a sustainable and beautiful environment which reinforces integrity, understanding, respect, and trust.

Guided by the Core Principles of Public Waldorf Education, we prepare our children to walk into the future with confidence and the necessary tools to create a better world.

Enrollment 2024-2025

Our school offers a caring, personal atmosphere and an exciting educational program where academic and artistic abilities are fostered side by side. Attention is focused on all areas of a child's development- emotional, social, physical and academic.

Pine Forest School is a public charter school. It is tuition free and open to all age appropriate children. Enrollment forms are enclosed to assist you in enrolling your child for the 2024-2025 school year.

If you have any questions or need assistance in completing your packet, please contact the Office at (928)779-9880 or stop in at the front desk.

Instructions for Enrolling:

Open Enrollment is on a first come first serve basis and begins for Kindergarten, January 1, 2024.

For grades 1-8, open enrollment begins March 4, 2024.

The following will need to be provided AS SOON AS POSSIBLE:

- Current immunizations records or waiver completed (waiver included in packet)- Arizona Revised Statutes (ARS) 15-872 (B) states that "a pupil shall not be allowed to attend school without submitting documentary proof to the school administration unless the pupil is exempted from immunizations pursuant to section 15-873" with exemption on file.
- Custody papers, if applicable
- **One of the four options:** Birth certificate/social security card/ baptismal certificate/ letter from the authorized representative of an agency having custody of the pupil pursuant to title 8, chapter 2 certifying that the pupil has been placed in the custody of agency/caregiver as prescribed by law
- This packet completely filled out and signed
- Enrollment packets will be accepted:
 - a. In person at the Pine Forest School Office
 - b. By mail: Pine Forest School, 2257 E. Cedar Ave, Flagstaff AZ, 86004
 - c. Scanned and e-mailed to: info@pineforestschool.org
- You will receive confirmation of enrollment.



Pine Forest School Enrollment Form 2024-2025

Re-Enrollments: If names, addresses or phone numbers have NOT changed, simply complete the first box.

Student Name (Last) _____ (First) _____ GRADE _____

Physical Address _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Last school attended _____ City _____ State _____ Ph # _____

Kindergarten Student- Please Indicate: full- day kindergarten (\$375 Annual)
 half-day kindergarten (No cost – State Funded)

STUDENT BIRTH DATE
 ____/____/____

STUDENT Birthplace
 City: _____
 State _____
 County _____

RESIDENTIAL STATUS

Father
 Mother
 Stepfather
 Stepmother
 Guardian
 Foster Care
 Permanent Housing
 Migrant
 Homeless/Shelter

A CAREGIVER AFFIDAVIT FORM MUST BE PROVIDED FOR STUDENTS LIVING WITH A LEGAL-GUARDIAN OTHER THAN PARENT.

THERE IS A LEGAL CUSTODY AGREEMENT THAT REQUIRES SCHOOL SUPPORT.
 Yes
 PLEASE PROVIDE A COPY TO THE OFFICE.

STUDENT RACE- State demographics request

White (Caucasian)
 Black (African-American)
 Hispanic
 Asia/Pacific Islander
 American Indian/Alaskan Native

STUDENT ETHNICITY

Hispanic
 Non-Hispanic

Military Family: To support school transitions for children. Please check the box if at least one parent is on active duty in the Armed Forces. A.R.S. § 15-1911

HOME LANGUAGE SURVEY A.R.S. 15-756 (A)

What language do people speak in the home most of the time? _____

What language does the student speak most of the time? _____

What language did the student first speak or understand? _____

PARENTS/GUARDIANS LIVING WITH STUDENT

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMPLOYER _____ WORK PHONE _____

EMAIL ADDRESS (print clearly) _____

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMPLOYER _____ WORK PHONE _____

EMAIL ADDRESS (print clearly) _____

PARENTS/GUARDIANS AT DIFFERENT ADDRESS

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMAIL ADDRESS (print clearly) _____

Should this person receive school information? **Y** **N**

~ NAME _____

RELATION TO STUDENT _____

ADDRESS _____

EMAIL ADDRESS (print clearly) _____

Should this person receive school information? **Y** **N**

OTHER CHILDREN IN THE FAMILY — ADD MORE ,IF NECESSARY, ON BACK OF THIS PAGE

NAME	AGE	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFIC USE:

KG Full / KG Half

Grade level _____

Teacher _____

SAIS # _____

Enroll Date _____

E code _____

Withdraw date from previous school _____

Identity/ Age verified with _____
 _____ Initials _____

Enroll only if ALL are checked ...

Age/ Identity Verification
 Immunizations/exemption
 Custody Papers or n/a
 Proof AZ residence
 ESEA form with signature

NOTES _____

Date Entered in SIS _____
 Initials _____

HOW DID YOU HEAR ABOUT PINE FOREST SCHOOL?

Word of mouth/relative
 School website
 Phone book
 Internet search
 Sibling enrolled
 Other _____

To expedite support services please let us know if your child has any of the following support services:

Special Education (IEP)
 504
 ELL
 Homeless

If the student is enrolled in any of the above programs; What is the parent/ guardians preferred language for communication?
 Written Language preference _____
 Verbal Communication preference _____

PARENT/GUARDIAN SIGNATURE AND DATE—
 _____ Date _____



Pine Forest School

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EMERGENCY FORM 2024-2025

Re-Enrollment – If Emergency contacts and Health preferences have not changed please fill in student name and sign below.

Student Last Name, First Name, MI

Student Birth date

Grade

Contact Priority (circle priority) 1 2

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Contact Priority (circle priority) 1 2

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

In case of emergency, carpooling or if I cannot be contacted to pick up my child, I hereby authorize the release of my child to the following person(s) without any other advanced permission by me:

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

Name: _____ Relation to child: _____ Phone: _____

The following persons may not remove my child from school: Custody Papers on File? Yes or No

Name: _____ Name: _____

1) Please list all allergies to foods, medicines, insects or substances. Include anything to be avoided, reaction & procedure to follow:

2) Is there any physical or medical condition that we should be aware of? What precautions should be taken?

2) Is there any medication currently being taken? List medications:

3) Other special instructions:

4) Doctor's Name/Phone:

Please check if you give permission for the school to give the following to your child if needed:

- Ibuprophen (Advil) Tylenol Itch cream (Caladryl) Antacid (Tums) Homeopathics Cough Drops Neosporin
- Do not administer anything (other than what is checked) without calling me first

Be it known that I, the undersigned parent/guardian of the named student, do hereby give and grant any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital may be required, on an *emergency basis*. It is further understood that any expense will be the responsibility of the parent/guardian of the student and in no event will payment of the expense be school responsibility.

Parent/Guardian Signature: _____ Date: _____



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REQUESTED DONATION SUPPORT 2024-2025

Student Name	Grade	Enrollment Date	Days
Yearly Donation (KG – 8th Grade)		Yearly Donation	
<input checked="" type="checkbox"/>	Yearly Materials Expense Covers natural pigment paints and crayons, colored pencils, painting paper, main lesson books, modeling beeswax/clay, other high-quality materials used daily and Specialty Class materials for Woodwork, Handwork and Movement. (\$1.05 cost per day) Not refundable after December 31.	\$190	
<input checked="" type="checkbox"/>	Yearly Classroom Expense <u>Kindergarten</u> : Covers the cost of everyday snacks, special baking and cooking used for bread, soup and other treats. <u>Grades</u> : This fee covers the costs of many class activities including seasonal art and food activities, extra art supplies, costume fabrics, gardening and curriculum equipment and classroom enhancement items. (.27 cost per day) Not refundable after September 30.	\$50	
Strings Program Instrument Conservation Expense Grades (4th required course) (5th -8th elective course)			
<input type="checkbox"/>	I will support the conservation donation and borrow a school instrument Or <input type="checkbox"/> I will be responsible for renting instrument from a local vendor such as Arizona Music Pro or Milano Music Or <input type="checkbox"/> I would like a scholarship. Or <input type="checkbox"/> I own a violin and will be responsible for having the instrument approved by the violin instructor for use.	\$40 full year \$20 per semester	
Band Program Rental (5th -8th Grade only)			
<input type="checkbox"/>	I will support the conservation donation and borrow a school instrument Or <input type="checkbox"/> I will be responsible for renting a band instrument through Milano Music or Arizona Music Pro Or <input type="checkbox"/> I would like a scholarship. Or <input type="checkbox"/> I own a band instrument and will be responsible for having the instrument approved by the band instructor.	\$40 full year \$20 per semester	
Subtotal			\$
Early Payment Credit (-\$10 if donated in full on or before 1st day of attendance)			-\$
Total			\$

Families with more than 1 child attending PFS, please contact the office for a family donation rate.

- Full lump sum donated on or before the 1st day of attendance. online* in the school office**
- Monthly donations of \$_____ online* in the school office**
- What I can contribute is: \$_____ every_____ online* in the school office**
- IF DONATING IS HARDSHIP, PLEASE LET THE FRONT DESK KNOW.

*One-time & automatic monthly payments can be set-up at pineforestschool.org and clicking on 'Materials Donation'

**In the office we accept Visa, MasterCard, American Express and Discover as well as cash and checks. Please make checks payable to 'Pine Forest School'

THANK YOU FOR YOUR SUPPORT!

Payment Amount \$ _____ Pd Date ____/____/20____ Cash Check # _____ PayPal Online PayPal Here
 Schoolmaster entry Scholarship application Instrument Rental



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McKinney-Vento Act - Student Residency Questionnaire 2024-2025

THIS MUST BE COMPLETED by all parents and/or unaccompanied youth. The information provided on this form can assist your campus in identifying students who are living in transitional housing or are highly mobile as defined by the McKinney-Vento Act. The answers to this residency information can help determine the services your child may be eligible to receive as defined at the bottom of this questionnaire.

● SECTION A:

Grade Level: _____ Age: _____ Male Female

Name of Student: Last: _____ First: _____ Middle: _____

Last School Attended: _____ City: _____ State: _____

● SECTION B:

1. Is your current address a temporary living arrangement? YES NO

2. Is this temporary living arrangement due to loss of housing or economic hardship? YES NO

IF YOU ANSWERED "NO" TO QUESTIONS 1 & 2, SKIP TO SECTION C

3. Is there a legal guardian or parent in the household for this child? YES NO

4. Where is the student presently living? (Check one)

- In a motel
- In a transitional housing or shelter
- Moving from place to place
- With more than one family in a dwelling
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite.

Current Address of Student: _____ Zip: _____ Phone: _____

● SECTION C:

Parent/Legal Guardian Signature: _____ Date: _____

At this time is your family in need of assistance in any of the following areas?

- School Records
- Immunization or health records
- School supplies or clothing
- After-school programs
- Preschool/Headstart programs

**If you have questions about enrolling in school or need assistance with enrolling in school, contact:
Homeless Liaison – Educational Director -Kelly Jecman of Pine Forest School at 928-779-9880**

___ Copy to Director ___ Original in Student File

(Please Keep for Future Reference)

Pine Forest Student Residency

Information for Parents and School Aged Children

The Federal McKinney-Vento Act and Arizona state law guarantee that you can enroll in school if you live

- In a shelter (family shelter, domestic violence shelter, youth shelter or transitional living program);
 - In a motel, hotel, or weekly-rate housing;
 - In a housing or apartment with more than one family because of economic hardship or loss
 - In substandard housing (no electricity, no water, and/or no heat); or
 - With friends of family because you are a runaway or unaccompanied youth.
- ❖ If you live in one of these situations, you do NOT need to provide
- Proof of residency,
 - Immunization records or a TB skin test result,
 - Birth certificate
 - School records, or
 - Legal guardianship papers to enroll in or attend school.
- ❖ You may also:
- Continue to attend the school in which you were last enrolled, even if you have moved away from that school's attendance zone or district;
 - Receive transportation from your current residence back to your school of origin;
 - Qualify automatically for Child Nutrition Programs (Free and Reduced-Price breakfast, lunch and other food programs.)
 - Contact the district liaison to resolve any disputes that arise during the enrollment process.
- ❖ If you have questions about enrolling in school or need assistance with enrolling in school, contact:
- Homeless Liaison – Educational Director -Kelly Smith of Pine Forest School at 928-779-9880**



Arizona Department of Education

Office of English Language Acquisition Services

Home Language Survey

The responses to this Home Language Survey (HLS) are used by the school to provide the most appropriate instructional programs and services for the student. **The answers below will determine if a student will take the Arizona English Language Learner Assessment (AZELLA).** Please respond to each of the three questions as accurately as possible. If you need to correct any of your responses, this must be done before the student takes the AZELLA Placement Test.

1. What language do people speak in the home *most* of the time?

2. What language does the student speak *most* of the time?

3. What language did the student first speak or understand?

Student Name _____	District Student ID _____
Date of Birth _____	SSID _____
Parent/Guardian Signature _____	Date _____
District or Charter _____	
School _____	

Please provide a copy of the Home Language Survey to the EL Coordinator/Main Contact on site. In AzEDS, please enter all three HLS responses.

These HLS questions are in compliance with Arizona Administrative Code (R7-2-306(B)(1),(2)(a-c). (Revised 01-2020)

Office of English Language Acquisition Services
1535 West Jefferson Street • Phoenix, Arizona 85007 • (602) 542-0753 • www.azed.gov/oelas



**Arizona Department of Education
Arizona Residency Documentation Form**

Student Name: _____

School Pine Forest School

School District or Charter Holder **Pine Forest Education Association**

Parent/Legal Guardian _____

As the Parent/Legal Guardian of the Student, I attest* that I am a resident of the State of Arizona and submit in support of this attestation a copy of the following document that displays my name and residential address or physical description of the property where the student resides:

Valid Arizona driver's license, Arizona identification card or motor vehicle registration

Valid Arizona Address Confidentiality Program authorization card

Real estate deed or mortgage
documents Property tax bill

Residential lease or rental agreement

Water, electric, gas, cable, or phone
bill Bank or credit card statement

W-2 wage statement

Payroll stub

Certificate of tribal enrollment (506 Form) or other identification issued by a recognized
Indian tribe in Arizona

Documentation from a state, tribal or federal government agency (Social Security Administration,
Veteran's Administration, Arizona Department of Economic Security)

Temporary on-base billeting facility (for military families)

I am currently unable to provide any of the foregoing documents. Therefore, I have provided an original affidavit signed and notarized by an Arizona resident who attests that I have established residence in Arizona with the person signing the affidavit.

Signature of Parent/Legal Guardian

Date

***For members of the armed services, the provision of verifiable documentation does not serve as a declaration of official residency for income tax or other legal purposes. Armed service members may utilize a temporary on base billeting facility as the address for proof of residency.**



**State of Arizona
Affidavit of Shared Residence**

Student Name: _____

Parent/Legal Guardian Name: _____

School Name: Pine Forest School

School District or Charter Holder: Pine Forest Education Association

Name of Arizona Resident: _____

I, (resident name) _____ swear or affirm that I am a resident of the State of Arizona and that the persons listed below reside with me at my residence, described as follows:

Persons who reside with me: _____

Location of my residence: _____

I submit in support of this attestation a copy of the following document that displays my name and current residence address or physical description of my property:

- Valid Arizona driver's license, Arizona identification card or motor vehicle registration
- Valid Arizona Address Confidentiality Program authorization card
- Real estate deed or mortgage documents
- Property tax bill
- Residential lease or rental agreement
- Water, electric, gas, cable, or phone bill
- Bank or credit card statement
- W-2 wage statement
- Payroll stub
- Certificate of tribal enrollment (506 Form) or other identification issued by a recognized Indian tribe in Arizona
- Documentation from a state, tribal or federal government agency (Social Security Administration, Veteran's Administration, Arizona Department of Economic Security)

Printed Name of Affiant: _____

Signature of Affiant: _____

Acknowledgement

State of Arizona
County of _____

The foregoing was acknowledged before me this _____ **day of** _____ **20**__.

By: _____

Notary Public: _____

My Commission Expires: _____

ESEA (Title I) Income Eligibility

The Arizona Department of Education provides the following FY 2024 Income Guidelines for determining eligibility information for federal funding associated with programs funded under the Elementary and Secondary Education Act (ESEA).

Is your family at or below the current income guidelines based on the attached **ESEA (Title I) Income Eligibility Guidelines** schedule?

Indicator 1

Indicator 2

No

Definition of Income: all items such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits unemployment compensation, worker's compensation, Aid for Dependent Children, alimony, child support, pensions, insurance or annuity payments, etc.

If your family qualifies, please complete the following information for each child:

Child's Name

Name of School

Grade

I hereby certify that all the above information is true and correct.

Parent/Guardian Signature _____ Date: _____

These survey forms should be retained by the school or LEA and kept on file for a period of 5 years.

ESEA (Title I) INCOME Eligibility GUIDELINES
July 1, 2023- June 30, 2024

Income Eligibility 1

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
Each Additional Member Add:	+6,682	+557	+279	+257	+129

Income Eligibility 2

HOW OFTEN INCOME WAS RECEIVED

Family Size:	Yearly	Monthly	2 x Month (Bi-Monthly)	Bi-Weekly (Every Two Weeks)	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each Additional Member Add:	+9,509	+793	+397	+366	+183

Note:

If all income is received on the same schedule

Example: alimony = \$100 / month & pension = \$300 / month

DO NOT use conversion factors

If family reports income sources from more than one schedule

Example: alimony = \$100 / month & pension = \$300 / week

Income MUST be converted to yearly.

Yearly Income = Monthly x 12

Yearly Income = Twice Per Month (Bi-Monthly) x 24

Yearly Income = Every Two Weeks (Bi-Weekly) x 26

Yearly Income = Week x 52

DO NOT round the values resulting from each conversion



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FIELD TRIP PERMISSION SLIP 2024-2025

Child's Name(s): _____ Grade: _____

Today's Date: _____ Date of Trip: Includes most trips.

Purpose: Various – teacher will provide information.

Drivers/Chaperone: Please bring a copy of driver's license and car insurance to the office if you wish to drive, overnight field trip chaperones - additional requirements.

Cost: Varies.

Special Notes: _____

I hereby grant permission for my child _____
to participate in class field trips throughout the 2024-2025 school year.

SIGNATURE OF PARENTS/GUARDIAN _____ DATE _____

In case of emergency, please notify:

_____ or _____
Name Name

_____ Phone _____
Phone Phone

_____ Insurance Name _____
Insurance Name Insurance ID #

_____ Name of Primary Subscriber _____
Name of Primary Subscriber Doctor



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Parent Permission to Leave Campus Release of Liability

I, _____ hereby release Pine
[parent name]

Forest Charter School from liability and ask that the school allow my

child: _____ to
[child's name]

walk/bike/take the bus/other: _____

from the Cedar campus to go home from school.

I do not give permission for my child, _____ to leave
[child's name]

campus by walking/biking taking the bus/other:

Signature: _____

Date: _____



Media/Photo Release Form

Written permission from parents/guardians is required before a student's name or likeness can be used for any promotional purposes involving the school, news or feature stories in any media, or other purpose whatsoever. This includes still photos, motion pictures, audio or video takes, photograph and/or other reproductions, including voice and features with or without name.

Student Name _____

Grade _____

Please read the below options prior to indicating your preference:

My child's photograph **may** be reproduced and released for the **year book**.

My child's photograph/video/interview **may** be reproduced and released for the school newsletter.

YES - use in the general media. (e.g. local newspaper, PFS Facebook, PFS website, marketing flyers, etc.

My child's photograph/video/interview **may not** be reproduced and released

NO - use in the media.

I understand that the staff, faculty and representatives of Pine Forest Charter School will make every effort to respect the guidelines of my request detailed above, but cannot guarantee that my child will not appear as a member of a crowd in a large group or event photo of community wide festivals, assemblies, or other public events. Also, PFCS cannot control the taking of photographs by parents or visitors who are attending via public invitation and semi-public community events. PFCS will act in good faith to meet these guidelines to protect the privacy of my child.

Parent/Guardian Signature

Date